

1 CHRISTOPHER HAYS, State Bar No. 59480  
Law Offices of Christopher Hays  
2 One Embarcadero Center, Suite 500  
San Francisco, California 94111  
3 Telephone: (415) 398-0848  
Facsimile: (415) 931-0444  
4 Email: <hays-sf@pacbell.net>

5 Attorneys for Defendants  
KEVIN VU and CAFE BONITA, INC.  
6  
7

8 UNITED STATES DISTRICT COURT  
9 NORTHERN DISTRICT OF CALIFORNIA  
10

11 SINHDARELLA, INC.

No. C 07 04353 WHA

12 vs.

CERTIFICATE OF COMPLIANCE  
WITH PRELIMINARY INJUNCTION

13 KEVIN VU, etc., et al.,

14 Defendants.  
15 \_\_\_\_\_/

16 Defendant Kevin Vu ("Vu"), on behalf of himself as an individual  
17 defendant and as President of Defendant Cafe Bonita, Inc., hereby certifies that the  
18 following steps have been taken to comply with this Court's Order, dated 12  
19 February 2008, granting a Preliminary Injunction herein.

20 1. The Menus of the restaurants, formerly known as the "Boiling Crab"  
21 in San Jose and the "Boiling Crawfish" in San Francisco and Sacramento, have  
22 been changed to reflect those three restaurants' new names, which are "SJ  
23 Crawfish," "Coco's Crawfish," and "SAC Crawfish." True and correct copies of said  
24 restaurants' Menus are attached hereto as Exhibit A.

25 2. Telephone listings for each of said three restaurants have been  
26 changed as of 26 February 2008. Defendants are informed and believe that said  
27 new names will appear in new telephone books when said books are published

28 3. New Seller's Permits have been issued by the California State Board

LAW OFFICES OF  
CHRISTOPHER HAYS  
ONE EMBARCADERO CENTER, SUITE 500  
SAN FRANCISCO, CALIFORNIA 94111

1 of Equalization for each of the three restaurants. True and correct copies of said  
2 restaurants' Seller's Permits are attached hereto as Exhibit B.

3 4. Defendants have filled with respect to its changed names with the  
4 California State Employment Development Department ("EDD") for each of the  
5 three restaurants. True and correct copies of EDD "Employer Inquiry" Printouts for  
6 the San Jose and San Francisco restaurants, and a Change of Employer Account  
7 Information, Form DE 24, for the Sacramento restaurant, are attached hereto as  
8 Exhibit C.

9 5. The name of the entity which owned and operated the restaurant in  
10 Sacramento in which Vu had an ownership interest was "Sactown Boiling Crawfish  
11 LLC." That entity's name has been changed to "Sac Crawfish LLC." A true and  
12 correct copy of the LLC Statement of Information filled with the California Secretary  
13 of State on 21 February 2008 reflecting said changed name is attached hereto as  
14 Exhibit D.

15 6. The name of the entity which owns and operates the restaurant in  
16 San Francisco is a California corporation named "The Boiling Crawfish, Inc." Vu  
17 intended to change the name of this restaurant, and of the corporation which owns  
18 and operates it, to "SF CRAWFISH, INC.", but has recently learned that this name is  
19 the subject of a Fictitious Business Name Statement already filed with the City and  
20 Count of San Francisco. Vu accordingly will name said restaurant "Coco's  
21 Crawfish", and intends to amend the Articles of Incorporation of said corporation to  
22 change said corporation's name from "The Boiling Crawfish, Inc." to "Lee Crawfish,  
23 Inc."

24 7. Fictitious Business Name Statements for the names "SJ  
25 CRAWFISH", "COCO'S CRAWFISH", and "SAC CRAWFISH" have been filed with the  
26 Counties of Santa Clara, San Francisco, and Sacramento, respectively, on 20  
27 February, 25 February, and 22 February 2008 with respect to the restaurants in  
28 San Jose, San Francisco, and Sacramento. True and correct copies of said

documents are attached hereto as Exhibit D

8. Business Licenses in the names "SJ CRAWFISH" and "SAC CRAWFISH" have been obtained from the City of San Jose and the County of Sacramento with respect to the restaurants in San Jose and Sacramento. True and correct copies of said documents are attached hereto as Exhibit E.

9. The sign on the San Jose Restaurant was changed from "BOILING CRAB" to "SJ CRAWFISH" on 23 February 2008.

10. The word "BOILING" is scheduled to be removed from the signs on the exterior of the restaurants in San Francisco and Sacramento on 26 February 2008. Defendants have ordered sign additions, are informed and believe that the names "COCO'S" and "SAC", respectively, will be added to said signs in front of the word "CRAWFISH" on or before 3 March 2008.

11. Defendants have no contact data for, and no general or administrator contact data could be found on, the yelp.com website. However, when Defendants temporarily changed the name of their San Jose "Boiling Crab" restaurant to "Boiling Crawfish", the change spontaneously appeared on that website within two weeks.

Dated: 26 February 2008.

Respectfully Submitted  
Law Offices of Christopher Hays

By   
Christopher Hays  
Attorneys for Defendants KEVIN VU  
and CAFE BONITA, INC.

LAW OFFICES OF  
CHRISTOPHER HAYS  
ONE EMBARCADERO CENTER, SUITE 500  
SAN FRANCISCO, CALIFORNIA 94111

VERIFICATION

I, KEVIN VU, declare:

I am a Defendant in the above-entitled action; I have read the foregoing CERTIFICATE OF COMPLIANCE WITH PRELIMINARY INJUNCTION and know its contents; I declare that the matters stated in the foregoing document are true of my own knowledge, except as to the matters which are stated on information or belief, and as to those matters, that I believe them to be true.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct, and that this verification is executed at the date and place set forth below.

Dated: 26 February 2008, San Jose, California.

  
\_\_\_\_\_  
Kevin Vu

VERIFICATION – CORPORATE

I, KEVIN VU, declare:

I am the President of Cafe Bonita, Inc., a corporation organized and existing under the laws of the State of California, which is a defendant in the above-entitled action, and I have been authorized to make this verification on its behalf.

I have read the foregoing CERTIFICATE OF COMPLIANCE WITH PRELIMINARY INJUNCTION and know the contents thereof. The same is true of my own knowledge, except as to those matters which are stated on information and belief, and as to those matters, I believe them to be true.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct, and that this Verification is executed at the date and place set forth below.

Dated: 26 February 2008, San Jose, California.



Kevin Vu

**Exhibit A**

**SJ CRAWFISH**  
**393 N. CAPITOL AVE.**  
**SAN JOSE, CA 95133**  
**(408) 347-8344**



**MENU**

THE FOLLOWING ITEMS CAN BE COOKED  
"LA CAJUN STYLE" OR "STEAMED"

LOUISIANA CRAWFISH .....SEASONAL

CRAB.....SEASONAL

SHRIMP.....SEASONAL

CLAM.....\$8.99/LB

OYSTER (RAW).....6PIECES.....\$9.99/LB

CORN.....\$.50/EA

SAUSAGE.....\$.50/EA

EXTRA GARLIC BUTTER .....\$.50/LB

**DRINKS**

BOTTLE WATER.....\$1.50/EA

SODA .....\$1.50/EA  
(COKE, DIET COKE, 7 UP, SUNKIST, SPRITE, PEPSI,  
DIET PEPSI, DR. PEPPER, ROOT BEER)

DOMESTIC & IMPORTED BEERS.....\$3.50/EA  
(HEINEKEN, CORONA, BUDWEISER, BUD LIGHT, BACARDI,  
NEGRA MODELO, MODELO ESPECIAL, NEW CASTLE)

**\*\*A 15% GRATUITY WILL BE ADDED  
FOR PARTIES OF 5 OR MORE\*\***

**OPEN 7 DAYS A WEEK!**  
**3:00 PM-10:00 PM**

**COCO'S CRAWFISH**  
**2333 IRVING STREET**  
**SAN FRANCISCO, CA 94122**  
**(415) 665-6033**



**MENU**

THE FOLLOWING ITEMS CAN BE COOKED  
"LA CAJUN STYLE" OR "STEAMED"

LOUISIANA CRAWFISH .....SEASONAL

CRAB.....SEASONAL

SHRIMP.....SEASONAL

CLAM.....\$8.99/LB

OYSTER (RAW).....6PIECES.....\$9.99/LB

CORN.....\$.50/EA

SAUSAGE.....\$.50/EA

EXTRA GARLIC BUTTER .....\$.50/LB

**DRINKS**

BOTTLE WATER.....\$1.50/EA

SODA .....\$1.50/EA  
(COKE, DIET COKE, 7 UP, SUNKIST, SPRITE, PEPSI,  
DIET PEPSI, DR. PEPPER, ROOT BEER)

DOMESTIC & IMPORTED BEERS.....\$4.00/EA  
(HEINEKEN, CORONA, BUDWEISER, BUD LIGHT, BACARDI,  
TSINGTAO, SAVORO, NEW CASTLE)

**\*\*A 15% GRATUITY WILL BE ADDED  
FOR PARTIES OF 5 OR MORE\*\***

**OPEN 7 DAYS A WEEK!**  
**3:00 PM – 10:00 PM**



**SAC CRAWFISH**  
**6835 STOCKTON BLVD. #450**  
**SACRAMENTO, CA 95823**  
**(916) 422-7883**



**MENU**

THE FOLLOWING ITEMS CAN BE COOKED  
"LA CAJUN STYLE" OR "STEAMED"

LOUISIANA CRAWFISH .....SEASONAL

CRAB.....SEASONAL

SHRIMP.....SEASONAL

CLAM.....\$8.99/LB

OYSTER (RAW).....6PIECES.....\$9.99/LB

CORN.....\$.50/EA

SAUSAGE.....\$.50/EA

EXTRA GARLIC BUTTER .....\$.50/LB

**DRINKS**

BOTTLE WATER.....\$1.50/EA

SODA .....\$1.50/EA  
(COKE, DIET COKE, 7 UP, SUNKIST, SPRITE, PEPSI,  
DIET PEPSI, DR. PEPPER, ROOT BEER)

DOMESTIC & IMPORTED BEERS.....\$3.50/EA  
(HEINEKEN, CORONA, BUDWEISER, BUD LIGHT, BACARDI,  
NEGRA MODELO, MODELO ESPECIAL, NEW CASTLE)

**\*\*A 15% GRATUITY WILL BE ADDED  
FOR PARTIES OF 5 OR MORE\*\***

**OPEN 7 DAYS A WEEK!**  
**3:00 PM-10:00 PM**

**Exhibit B**

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WHICH ISSUED

## CALIFORNIA STATE BOARD OF EQUALIZATION

## SELLER'S PERMIT



ACCOUNT NUMBER

1/1/2008 SR GH 101-043913

SJ CRAWFISH  
 CAFE BONITA, INC  
 393 N CAPITOL AVE  
 SAN JOSE, CA 95133-1906

**NOTICE TO PERMITTEE:**  
 You are required to obey all  
 Federal and State laws that  
 regulate or control your  
 business. This permit does  
 not allow you to do  
 otherwise.

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE  
 BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION.  
 THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS.

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS  
 OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES  
 OWED BY THE NEW OPERATOR OF THE BUSINESS.

Not valid at any other address

For general tax questions, please call our Information Center at 800-400-7115.

For information on your rights, contact the Taxpayers' Rights Advocate Office at 888-324-2798 or 916-324-2798.

BOE-442-R REV. 15 (2-06)

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WHICH ISSUED

## CALIFORNIA STATE BOARD OF EQUALIZATION

## SELLER'S PERMIT



ACCOUNT NUMBER

1/16/2008 SR BH 101-021362

SF CRAWFISH  
 BOILING CRAWFISH, INC.  
 2333 IRVING ST  
 SAN FRANCISCO, CA 94122-1620

**NOTICE TO PERMITTEE:**  
 You are required to obey all  
 Federal and State laws that  
 regulate or control your  
 business. This permit does  
 not allow you to do  
 otherwise.

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE  
 BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION.  
 THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS.

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS  
 OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES  
 OWED BY THE NEW OPERATOR OF THE BUSINESS.

Not valid at any other address

For general tax questions, please call our Information Center at 800-400-7115.

For information on your rights, contact the Taxpayers' Rights Advocate Office at 888-324-2798 or 916-324-2798.

BOE-442-R REV. 15 (2-06)

## A MESSAGE TO OUR NEW PERMIT HOLDER

As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:

## CALIFORNIA STATE BOARD OF EQUALIZATION

**SELLER'S PERMIT**

ACCOUNT NUMBER

12/15/2007 SR KH 101-009457

SAC CRAWFISH  
 SAC CRAWFISH LLC  
 6835 STOCKTON BLVD STE 450  
 SACRAMENTO, CA 95823-2352

**NOTICE TO PERMITTEE:**  
 You are required to obey all Federal and State laws that regulate or control your business. This permit does not allow you to do otherwise.

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION. THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS.

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES OWED BY THE NEW OPERATOR OF THE BUSINESS.

*Not valid at any other address*

**For general tax questions, please call our Information Center at 800-400-7115.**

**For information on your rights, contact the Taxpayers' Rights Advocate Office at 888-324-2798 or 916-324-2798.**

BOE-442-R REV. 15 (2-08)

**A MESSAGE TO OUR NEW PERMIT HOLDER**

**As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:**

- Visiting our website at [www.boe.ca.gov](http://www.boe.ca.gov)
- Visiting a district office
- Attending a Basic Sales and Use Tax Law class offered at one of our district offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Information Center at 800-400-7115

**As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. Conversely, you have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,**

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the Board
- You are responsible for following the regulations set forth by the Board

As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a Board representative when requested. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a Board office, or giving it to a Board representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with the Board, please contact the Taxpayers' Rights Advocate Office for help by calling toll-free, 888-324-2798 or 916-324-2798. Their fax number is 916-323-3319.

**Please post this permit at the address for which it was issued and at a location visible to your customers.**

STATE BOARD OF EQUALIZATION  
 Sales and Use Tax Department

**Exhibit C**

Page: 1 Document Name:

1

				EMPLOYER INQUIRY	02/25/08
					14:56:38
ER	237 2176 4	CAFE BONITA, INC.		STATUS	ACTIVE
				COLLECTABLE	
NAME				LAST UPDT	02/25/08
SJ CRAWFISH				ETDO	TEAO ACO AAO
ADDRESS 393 N CAPITOL AVE				744	786 798 744
SAN JOSE CA 95133				LAST STMT DT	02/05/08
PHONE 408-347-8344				SUBJ QTR	04/1
CARE-OF				REG DATE	03/17/04
COUNTY SANTA CLARA				REINST DT	
				INACT DT	
				INACT RSN	
CURR BAL	0.00		SUCC/PRED		N
				MULT ESTAB	N
				WORKSHARE	N
REPTG	EFTV				
CODE	QTR				
UI	T	04/1	ORG TYPE	CORP	PROBLEM VALUE RATING 096
DI	S	04/1	ER TYPE	COMMERCIAL	RATING DATE 12/17/07
ETT	Y		SIC CODE	5461	CASES PENDING
PIT	S	04/1	NAICS CODE	722213	PROBLEMS OUTSTG 1
				WRITEOFF RSN	

Date: 2/25/2008 Time: 2:56:41 PM

Page: 1 Document Name:

1

EMPLOYER INQUIRY				02/25/08
				14:56:14
ER	281 4895 5	COCO'S CRAWFISH		STATUS ACTIVE
				COLLECTABLE
NAME				LAST UPDT 02/25/08
BOILING CRAWFISH, INC.				ETDO TEAO ACO AAO
COCO'S CRAWFISH				798 786 798 733
ADDRESS	2333 IRVINE ST		LAST STMT DT	
	SAN FRANCISCO CA 94122		SUBJ QTR	08/1
PHONE	415-665-6033		REG DATE	01/09/08
CARE-OF			REINST DT	
COUNTY	UNKNOWN		INACT DT	
			INACT RSN	
CURR BAL	0.00		SUCC/PRED	N
			MULT ESTAB	N
			WORKSHARE	N
REPTG	EFTV			
CODE	QTR			
UI	T	08/1	ORG TYPE CORP	PROBLEM VALUE RATING 100
DI	S	08/1	ER TYPE COMMERCIAL	RATING DATE 01/09/08
ETT	Y		SIC CODE 9999	CASES PENDING
PIT	S	08/1	NAICS CODE 999999	PROBLEMS OUTSTG
				WRITEOFF RSN

Date: 2/25/2008 Time: 2:56:22 PM



## CHANGE OF EMPLOYER ACCOUNT INFORMATION

Mail to: Employment Development Department  
Account Services Group MIC 28  
PO Box 826880  
Sacramento CA 94280-0001

ENTER YOUR E.D.D.

ACCOUNT NUMBER: 281-6047-1

Corporation/

Owner's Name: SALTOWN BOWLING CRAWFISH LLC

Business

(DBA) Name: THE BOWLING CRAWFISH

## PLEASE INDICATE CHANGES/CORRECTIONS THAT APPLY TO YOUR BUSINESS (A-1 BELOW):

A. Address Change / Correction. Date of Change:     /     /     (Enter address information in box 1)

1.	NUMBER AND STREET	CITY, STATE, AND ZIP CODE	PHONE NUMBER
			( )

B. Business Name (DBA) Change: SAC CRAWFISH Date Of Change: 2/2/08C. Corporation Name Change: SAC CRAWFISH LLC Date Of Change: 2/2/08D. Personal Name Change (i.e., marriage):     Date Of Change:     /     /    E. Discontinued Paying Wages. Date last wage payment was made:     /     /    

F. If your payroll is now being reported by a Professional Employer Organization (PEO), please provide PEO information:

PEO Name:     PEO Address:    G. Out Of Business (Without A Successor). Date of Change:     /     /     (Provide forwarding address in box 1)

REMINDER: Please submit your final Tax Deposit Coupon (DE 88) with payment, Quarterly Wage and Withholding Report (DE 6), and Annual Reconciliation Statement (DE 7), when discontinuing paying wages or upon going out of business.

H. Change of Ownership - Date Of Change:     /     /     (Mark appropriate box below, and complete box 2 if required):

- ☐ Partial Sale, Not Out-Of-Business  
☐ Corporation Formed  
☐ Corporation Dissolved

- ☐ Entire Business Sold (Enter successor(s) information in box 2)  
☐ Partnership To Sole (Enter sole proprietor's information in box 2)  
☐ Other (Explain):

2.	OWNER'S NAME(S) FOLLOWING CHANGE OF OWNERSHIP	TITLE	EMPLOYER'S BUSINESS NAME (DBA) CORPORATION NAME	MAILING ADDRESS
			<b>RECEIVED</b> <b>FEB 22 2008</b>	
			<b>Sacramento Area Audit Office</b>	
	New FEIN (Tax ID#): <u>   </u>	OLD FEIN (Tax ID#): <u>   </u>	SOS Corporation, LLC, LLP, or LP Identification #: <u>   </u>	
	Explain reason for new Tax ID: <u>   </u>			

I. Change in Partner(s), Officer(s), Member(s), Manager(s), etc. (Mark appropriate box to Add [A], Withdraw [W] or if Not Applicable [N/A] in box 3, and enter the new information as required):

3.	A	W	N/A	DATE OF CHANGE	INDIVIDUAL(S) TO BE ADDED/ WITHDRAWN/NOT APPLICABLE	TITLE	SOCIAL SECURITY #	DRIVER'S LICENSE #
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2/2/08</u>	<u>KEP DUC VU</u>	<u>man</u>	<u>586-18-2026</u>	<u>CS126064</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>   </u> / <u>   </u> / <u>   </u>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>   </u> / <u>   </u> / <u>   </u>				

Note: If business corporation/owner is represented by an authorized agent for employment tax purposes, the agent may sign below. A signed and properly executed power of attorney must be attached or on file. THE SIGNATURE OF ANY OTHER PERSON/THIRD PARTY WILL NOT BE ACCEPTED.

"I certify under penalty of perjury that the above information is true and correct, and that these actions are not being taken to receive a more favorable Unemployment Insurance Rate. I further certify that I have the authority to sign on behalf of the above business."

[Signature]  
Signature

(908) 953-9438  
Phone Number

2/27/08  
Date

KEVIN VU  
Print Name

KEVIN  
Title (Officer, Owner, Member, GP, or Authorized Agent)



**Exhibit D**



# State of California Secretary of State

L

97

## STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

### IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

SAC CRAWFISH LLC

**FILED**  
In the office of the Secretary of State  
of the State of California

FEB 21 2008

6CC This Space For Filing Use Only

#### DUE DATE:

#### FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200731810037

3. STATE OR PLACE OF ORGANIZATION

CA

#### NO CHANGE STATEMENT

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to Item 13.

If there have been any changes to the information contained in the last Statement of Information filed, or no Statement of Information has been previously filed, this form must be completed in its entirety.

#### COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

1036 SUMMERST CT

CITY AND STATE

SAN JOSE CA

ZIP CODE

95122

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

SAME

CITY

STATE

ZIP CODE

CA

#### NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME

KEVIN W

ADDRESS

1036 SUMMERST CT SAN JOSE CA

CITY AND STATE

ZIP CODE

95122

#### NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME

HIEP DUC W

ADDRESS

6835 STOCKTON BLVD #450, SACRAMENTO, CA

CITY AND STATE

ZIP CODE

95823

8. NAME

KEVIN W

ADDRESS

1036 SUMMERST CT, SAN JOSE, CA

CITY AND STATE

ZIP CODE

95122

9. NAME

ADDRESS

CITY AND STATE

ZIP CODE

#### AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

KEVIN W

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

1036 SUMMERST CT

CITY

SAN JOSE

STATE

CA

ZIP CODE

95122

#### TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

RESTAURANT

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

KEVIN W

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

TITLE

DATE

2/21/08

**Exhibit E**

BEFORE PLEASE USE BLACK INK

**A MAILING NAME AND ADDRESS (OPTIONAL)**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

File Number: **505727** No. of Pages: **1**

File Date: **2/20/2008**  
Expires: **2/20/2013**

Fee Total: **37.35**

Clerk ID: **019**

505727

**FICTITIOUS BUSINESS NAME STATEMENT**

FILED WITH THE COUNTY CLERK-RECORDER OF SANTA CLARA  
COUNTY ON THE DATE IDENTIFIED ON THE FILING LABEL

**REGINA ALCOMENDRAS, County Clerk-Recorder**  
**SANTA CLARA COUNTY CLERK-RECORDER'S OFFICE**

The following person (persons) is (are) doing business as: (Use the ADDENDUM form if the total number of names will not legibly fit)

1. FICTITIOUS BUSINESS NAME(S)  
**SJ CRAWFISH**

2. STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS CITY STATE ZIP COUNTY  
**393 N. CAPITOL AVE SAN JOSE CA 95133 SANTA CLARA**

If the principal place of business identified above is not in Santa Clara County, a current fictitious business name statement for the fictitious business name(s) being filed at this time must be on file at the above-identified County that is the principal place of business before this statement can be filed.

3. ☐ THE PRINCIPAL PLACE OF BUSINESS IS IN \_\_\_\_\_ COUNTY AND A CURRENT FICTITIOUS BUSINESS NAME STATEMENT IS ON FILE AT THE COUNTY CLERK-RECORDER'S OFFICE OF SAID COUNTY.  
☒ DOES NOT APPLY BECAUSE THE PRINCIPAL PLACE OF BUSINESS IS IN SANTA CLARA COUNTY.

This business is owned by: (An asterisk (\*) item requires proof of registration with the California Secretary of State)

4. ☐ AN INDIVIDUAL ☐ A GENERAL PARTNERSHIP ☐ A LIMITED PARTNERSHIP  
☐ AN UNINCORPORATED ASSOCIATION OTHER THAN A PARTNERSHIP ☒ A CORPORATION ☐ CO-PARTNERS  
☐ HUSBAND AND WIFE ☐ JOINT VENTURE ☐ STATE OR LOCAL REGISTERED DOMESTIC PARTNERSHIP ☐ LIMITED LIABILITY PARTNERSHIP

The name and residence address of the owner(s)/registrant(s) is (are): (DO NOT USE P.O. BOX, PRIVATE MAIL BOX ADDRESSES)

NOTE: General Partnerships, Copartnership, Joint Ventures, Limited Liability Partnership, Unincorporated Association, and Limited Partnership: Insert full name and residence address of each General Partner, Trustee, or Partner. Insert full name and residence address of each trustee, Limited Liability Company and Corporation. Insert full name and address of Limited Liability Company or Corporation as registered with the California Secretary of State's Office. State or local registered Domestic Partners: Insert full name and residence address of each Domestic Partner. USE THE ADDENDUM FORM TO LIST ADDITIONAL NAMES AND ADDRESSES.

5. NAME ADDRESS CITY STATE ZIP  
**CAFE BONITA INC. 393 N. CAPITOL AVE SAN JOSE CA 95133**

NAME ADDRESS CITY STATE ZIP

NAME ADDRESS CITY STATE ZIP

Registrant/Owner began transacting business under the fictitious business name(s) listed above on:

6. ☒ DATE: **2/20/08**  
☐ NO? APPLICABLE

7. I declare that all information in this statement is true and correct.  
(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

SIGNED: **X** \_\_\_\_\_  
PRINTED NAME: **REGINA ALCOMENDRAS**

IF A CORPORATION, UNITED LIABILITY COMPANY, LIMITED PARTNERSHIP OR LIMITED LIABILITY PARTNERSHIP, the following must be completed:

ENTITY NAME: **CAFE BONITA INC.**

TITLE/CAPACITY OF SIGNER: **REGISTERED OWNER**

ARTICLE/REGISTRATION # **12438032** (from CA Secretary of State's Office)  
ABOVE ENTITY WAS FORMED IN THE STATE OF **CA**

This filing is a:

7. ☐ First Filing (Publication Required)  
☒ Refile of previous file # **478892**  
☐ Refiled prior to expiration or within 40 days past expiration with NO CHANGES  
☒ With changes (Publication Required)  
☐ After 40 days of expiration date (Publication Required)  
☐ Due to publication requirement not met on previous filing (Publication Required)

I hereby certify that this copy is a correct copy of the original Fictitious Business Name Statement on file in my office.

Regina Alcomendras, Santa Clara County Clerk-Recorder

By: \_\_\_\_\_, Deputy

NOTICE: IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS BUSINESS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

**VERONICA AGUIRRE**

THIS STATEMENT IS A **PUBLIC RECORD**  
(SEE REVERSE SIDE FOR LEGAL REQUIREMENTS)

**ENDORSED**  
A-0309496-00  
**FILED**  
San Francisco County Clerk

Taxes Paid 8675.319

Tax Exempt \_\_\_\_\_

**SF County Clerk**  
City Hall, Room 168  
San Francisco, CA 94102-4678

**FEB 25, 2008**

**FILING FEE:** (Payable by cash, money order, or check with a preprinted name made payable to SF County Clerk)  
\$41.00 For 1<sup>st</sup> Business Name and 1<sup>st</sup> Registrant  
\$ 9.00 For each additional business name or each additional registrant (owner) on SAME statement  
ITEMS #1 THROUGH #6 MUST BE LEGIBLE AND FULLY COMPLETED

by: **MAGDALENA ZEVALLOS**  
Deputy County Clerk

**FICTITIOUS BUSINESS NAME STATEMENT** (Instructions for completion - see reverse side)

1. Fictitious Business Name(s): Coco's Crawfish

2. 2332 Irving St S.F. 94122  
Street Address, City, State and Zip code of Principal Place of Business (P.O. Box NOT allowed) MUST ENTER COUNTY OF FBN ADDRESS:  
► San Francisco

3. Lee's Crawfish Inc (CA)  
Full name of registrant #1 (If Corporation or Limited Liability Company, also indicate State of incorporation or organization)  
30631 Forge Way Apt 284  
Residence Address (P.O. Box NOT allowed)  
Cupertino Ca 95014  
City, State and Zip Code

Full name of registrant #2 (If Corporation or Limited Liability Company, also indicate State of incorporation or organization)

Residence Address (P.O. Box NOT allowed)

City, State and Zip Code

Full name of registrant #3 (If Corporation or Limited Liability Company, also indicate State of incorporation or organization)

Residence Address (P.O. Box NOT allowed)

City, State and Zip Code

Full name of registrant #4 (If Corporation or Limited Liability Company, also indicate State of incorporation or organization)

Residence Address (P.O. Box NOT allowed)

City, State and Zip Code

4. The business is conducted by: ☐ an individual ☐ a general partnership ☐ a corporation ☐ a limited partnership  
☐ an unincorporated association other than a partnership ☐ a trust ☐ co-partners ☐ husband and wife  
☐ joint venture ☐ limited liability company ☐ state or local registered domestic partners ☐ a limited liability partnership

5. The registrant commenced to transact business under the above-listed fictitious business name or names on: (enter EXACT date OR if future date, enter "not applicable") 2/25/08

6. I declare that all information in this statement is true and correct. (A registrant who declares as true information of which he or she knows to be false is guilty of a crime.)

Signed Lisa Lee If registrant is a Corporation or Limited Liability Company, sign below  
Corporation or LLC Name: Lee's Crawfish Inc  
Signature \_\_\_\_\_  
Printed Name Lisa Lee Printed Name & Title Lisa Lee CEO

This statement was filed with the San Francisco County Clerk on date indicated by the file stamp above.

**NOTICE—IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).**

**CERTIFICATION**

I hereby certify that the foregoing is a correct copy of the original on file at the Office of the San Francisco County Clerk.

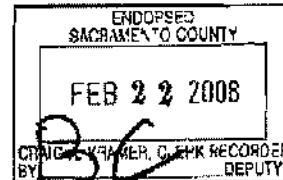
By Wm Miller, Deputy County Clerk

**FICTITIOUS BUSINESS NAME STATEMENT**

FOR CLERK'S USE

Sacramento County  
Department of Finance  
Business License Section  
700 H Street, Room 1710  
Sacramento, CA 95814  
(916) 874-6644

**FILING FEES**  
\$20.00 For first business name on statement  
\$ 5.00 For each additional business name on  
this statement at the same location  
\$ 5.00 For each owner in excess of one



TYPE OR PRINT CLEARLY - MUST BE LEGIBLE. PLEASE READ INSTRUCTIONS ON REVERSE SIDE.  
WHEN FILING BY MAIL, PROVIDE SELF ADDRESSED STAMPED ENVELOPE.

1	Street Address, City, State, Zip of Principal Place of Business. (P.O. Box or PMB <u>not</u> acceptable)		County
	6835 STOCKTON BLVD #100, SACRAMENTO, 95823		Sacto
2	Fictitious Business Name(s) to be Filed		
	(a) SAC CRAWFISH	(b)	
	(If more than 2 names, attach additional sheet)		
3	Full Name/Residence Address of Business Owner(s) (P.O. Box or PMB <u>not</u> acceptable), or Full Name/Address of Corporation/LLC as registered with Secretary of State (include State where incorporated)		
	(a)	Name and Address	State Zip
	SAC CRAWFISH LLC	1036 SUMMIT AVE, S. C.	95822
	(b)		
	(If more than 2 owners, attach additional sheet)		
4	This business conducted by:		
	<input type="checkbox"/> an Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Husband & Wife <input type="checkbox"/> Co-Partners <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> State or local Registered Domestic Partners <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Unincorporated Association (other than a partnership)		
5	Date you began doing business under the Fictitious Business Name(s) above: _____ If you have not started doing business, enter "N/A" (not applicable) here _____.		
6	I declare that all information in this statement is true and correct. (A business owner who declares as true information which he or she knows to be false is guilty of a crime.)		
	Signature: <u>[Signature]</u> Title if Corporate Officer: <u>MANAGER / member</u>		
	Print Name: <u>HIEP DUX VU</u> Business Phone No. <u>(916) 422-7883</u>		

In accordance with Section 17920 (a), a Fictitious Business Name Statement generally expires **five** years from the date it was filed with the County Clerk, except as provided in Section 17920 (b), where it expires 40 days after any change in the facts set forth in the statement pursuant to section 17913 other than a change in the residence address of a registered owner. A new Fictitious Business Name Statement must be filed before the expiration.

The filing of this Statement does not of itself authorize the use in this state of a Fictitious Business Name in violation of the rights of another under Federal, State, or common law (section 14411 et seq., of the Business and Professions Code).

This Statement was filed with the County Clerk of Sacramento County on date indicated by file stamp above.

I hereby certify that this copy is a correct copy of the original Statement on file in my office.

CRAIG A. KRAMER, COUNTY CLERK

This Statement expires on: 2-22-13

BY: \_\_\_\_\_ Deputy

Rev. 12/07

FILE NO.

0802015

**Exhibit F**

gbma01/gbma2

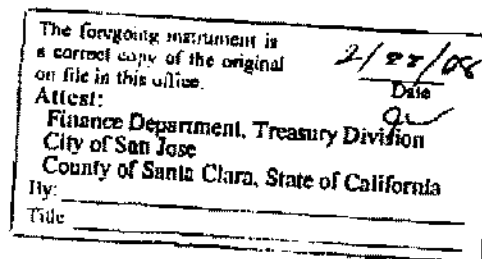
CITY OF SAN JOSE - BUSINESS LICENSE SYSTEM  
ACCOUNT CREATE/UPDATE SCREEN - PART 2

gbma01/gbm.

```

+-----+
|Account#       : 17482C SJ CRAWFISH          Print New CertificateY |
|Status (BLT)   : 3   PAID - CERTIFICATE ISSUE      Home Occupation?N |
|              (BID) : 0                               |
|Care of (c/o)  : THE BOILING CRA               Exemption Code:      |
|Mailing Addr   : 393 N CAPITOL A               Source B6      |
|City/State/Zip: SAN JOSE, CA 95133-190          BIMS No:000000    |
|SIC: 5,812 RESTAURANT/DEL                      rated on basis oEMPLOYEES |
|Branch or Main account (B, M, or BLANK)?        |
|District Start Date Effective Last Paid Certif Printed Expiration |
| 02      09/20/2008 07/01/2008 07/02/2008 07/22/2008 06/30/2008 |
|
|Employees : 4      Annual Fee : 150.00 BUSTAX Due : .00 |
|Units : 0      Prior Fee : .00 BID Due : .00 |
|Square Feet: 0      Penalty : .00 Total Due : .00 |
|
|Enter Y if application is complete o          to end this transaction
+-----+

```





COUNTY OF SACRAMENTO  
**GENERAL BUSINESS LICENSE**



DAVE IRISH CPA, DIRECTOR - DEPARTMENT OF FINANCE  
700 H STREET ROOM 1710  
SACRAMENTO, CA 95814  
PHONE (916) 874-6844

**SAC CRAWFISH LLC**  
**SAC CRAWFISH**  
**6835 STOCKTON BL #450**  
**SACRAMENTO CA 95823**

**LICENSE NO: 335771**  
**EXPIRATION DATE: 01/01/11**  
**OWNER NAME: SAC CRAWFISH LLC**  
**BUSINESS NAME: SAC CRAWFISH**  
**LOCATION: 6835 STOCKTON BL #450**  
**SACRAMENTO CA 95823**  
**TYPE OF BUSINESS: DINE IN RESTAURANT**

**CONDITIONS: COUNTY REGS APPLY. NO INFLATABLE/PORTABLE/A-FRAME  
SIGNS OR FLAGS. OUTDOOR DISPLAY OR BANNER REQUIRES  
SEPARATE TEMP USE PERMIT. DEVELOPMENT STANDARDS  
(PARKING/FENCE/LANDSCAPE/ETC) APPLY. SIGNS MUST  
NOT COVER MORE THAN HALF THE WINDOWS.**

**LICENSE NOT TRANSFERABLE. NOT VALID AT ANY OTHER LOCATION.**

BY: *Brian Cavalier*

02/22/08

POST IN A CONSPICUOUS PLACE

PROOF OF SERVICE

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

I am employed by Law Offices Of Christopher Hays in the City and County of San Francisco, State of California. I am over the age of 18 and not a party to the within action; my business address is One Embarcadero Center, Suite 500, San Francisco, California 94111.

On 26 February 2008 I served the foregoing document(s) described as MEDIATION BRIEF on the interested parties in this action as stated on the attached service list as follows:

- X By placing true copies thereof enclosed in sealed envelope(s) addressed as stated on the attached service list
- ☐ BY PERSONAL SERVICE  
I delivered such envelope(s) by hand to the offices of the addressee(s).
- X BY MAIL  
I am readily familiar with the firm's practice of collection and processing correspondence for mailing. Under that practice such envelope(s) would be deposited with the U.S. postal service on that same day with postage thereon fully prepaid at San Francisco, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.
- ☐ BY OVERNIGHT MAIL: I am readily familiar with the firm's practice of collection and processing correspondence for mailing via \_\_\_\_\_. Under that practice such envelope(s) would be deposited at an authorized \_\_\_\_\_ location on that same day with delivery fees fully provided for at San Francisco, California, in the ordinary course of business.
- X BY E-MAIL:  
On 26 February 2008, at approximately 8:30 pm, I served the above stated document(s) by e-mail directed to the parties as indicated of the attached service list.

Executed on 26 February 2008 at San Francisco, California.

- X (FEDERAL) I declare that I am employed in the office of a member of the Bar of this Court at whose direction the service was made. I declare under penalty of perjury under the laws of the United States of America that the above is true and correct.

  
\_\_\_\_\_  
Christopher Hays

ATTACHED SERVICE LIST

Michael W. De Vries, Esq.  
Andrew J. Fossum, Esq.  
Latham & Watkins  
650 Town Center Drive, 20th Floor  
Costa Mesa, California 92626

<mike.devries@lw.com>  
<Andrew.Fossum@lw.com>